

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34554**  
Registrar's No. **8966**

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>8966</b>	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS, MISSOURI</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>			• STREET ADDRESS (If rural, give location) <b>3745 N. Broadway</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>LEONARD</b> b. (Middle) <b>MILLER</b> c. (Last) <b>MELBURN BAKER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 14, 1955.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married Div.</b>	8. DATE OF BIRTH <b>June 16, 1899</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Jonesboro, Arkansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Jack Baker</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Ruth Baker, Bertha</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>429-14-2355</b>	
17. MEDICAL CERTIFICATION		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		II. OTHER SIGNIFICANT CONDITIONS <b>Cerebrosis 331x</b>		19a. DATE OF OPERATION	
ANTECEDENT CAUSES		DUE TO (b) _____		19b. MAJOR FINDINGS OF OPERATION	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-12</b> , 19 <b>55</b> , to <b>OCT. 14</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>10-14</b> , 19 <b>55</b> , and that death occurred at <b>2:30 am.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Glennou Charles Jr. M.D.</b>			23b. ADDRESS <b>1515 LAFAYETTE AVE.</b>		23c. DATE SIGNED <b>10-14-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>10-17-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LAKE CHARLES CEM.</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY MO</b>		DATE REC'D BY LOCAL REG. <b>OCT 14 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>PROVOST UND. Co.</b>		ADDRESS <b>3710 No. GRAND BL.</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12-9-55  
12-14-55  
12-14-55

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *V. E. Morris*

Licensed Embalmer No. *336*

P. O. Address *St. Louis*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.